

1005 Rec'd PCT/PTO 11 OCT 2005

Application Data Sheet**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: TERA-HERTZ WAVE TRANSMITTING  
OPTICAL COMPONENT, TERA-HERTZ  
WAVE OPTICAL SYSTEM, TERA-HERTZ  
BAND WAVE PROCESSING DEVICE AND  
METHOD  
Attorney Docket Number:: 8075-1017  
Request for Early  
Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 6  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: HIROAKI  
Middle Name::  
Family Name:: MINAMIDE  
Name Suffix::  
City of Residence:: SENDAI-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing 519-1399, AZA-AOBA  
Address:: ARAMAKI, AOBA-KU, MIYAGI  
City of Mailing Address:: SENDAI-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 9800845

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: HIROMASA  
Middle Name::  
Family Name:: ITO  
Name Suffix::  
City of Residence:: SENDAI-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing 519-1399, AZA-AOBA  
Address:: ARAMAKI, AOBA-KU, MIYAGI  
City of Mailing Address:: SENDAI-SHI

State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 9800845

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: AKITO  
Middle Name::  
Family Name:: KUDO  
Name Suffix::  
City of Residence:: SENDAI-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing 6-3, MINAMI-YOSHINARI 6-CHOME  
Address:: AOBA-KU, MIYAGI  
City of Mailing Address:: SENDAI-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 9893204

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP2004/005137	4/9/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	2003-107885	4/11/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::